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THE UNIVERSITY OF ALBERTA

THE THEORY AND PRACTICE OF WORKING WITH FAMILIES AT A TREATMENT INSTITUTION

by

(C)

MARILYN HOPE HAYS

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH

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FACULTY OF GRADUATE STUDIES AND RESEARCH

The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research, for acceptance, a thesis entitled The theory and practice of working with families at a treatment institution submitted by Marilyn Hope Hays in partial fulfilment of the requirements for the degree of Master of Education in Counselling Psychology.

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Supervisor

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DATE October 15, 1976

DEDICATION

I wish to dedicate this work to the 18 families who had the courage to share their joy and pain with us.

ABSTRACT

Five case studies are presented to illustrate and evaluate the treatment approach used with families in a pilot project at Westfield, a treatment center for emotionally and behaviorally disturbed children. Commencing in September, 1974, selected emotionally or behaviorally disturbed children or adolescents were treated in the context of their families, rather than in the institution. An account of the rationale, philosophy and practice of the family approach is presented. First, a theoretical rationale for working with family systems, as opposed to individual family members, is proposed. The basis for the treatment philosophy and model adopted is Adlerian psychology. Rudolf Dreikurs provides direction for the operationalization of the Adlerian model. The dimensions established for the evaluation of behavior change are Dreikurs' goals of misbehavior. The descriptive case studies are representative of the practice and effectiveness of the program during the ten-month period from September, 1974, to June, 1975.

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CHAPTER I. INTRODUCTION

This thesis is concerned with the non-residential treatment of emotionally and behaviorally disturbed children by way of extensive family involvement. A theoretical rationale for working with all members of the family as opposed to select individual members will be proposed. A philosophy and treatment model for working with children and their families according to the psychology of Alfred Adler will be presented. The operationalization of the Adlerian model, as set forth by Rudolf Dreikurs, will be discussed. Some dimensions for the evaluation of behavior change as suggested by Rudolf Dreikurs will be established. Finally, some case study descriptions of behavior change will be presented to exemplify the treatment process and evaluation of change.

A. PROBLEM

Westfield in Edmonton (a city of 500,000 in Alberta, Canada) is a treatment center for emotionally and behaviorally disturbed children. From its opening in 1967 until September, 1974, treatment of these children invariably occurred on a residential basis. Children exhibiting problematic behavior in the home, the school or the community were removed from their homes and placed in residential care, where they were treated in relative isolation from their families. Some recurring themes in the course of the treatment of these children suggested the need for an alternative to full-time residential care.

First, it was necessary to remove the child from his home,

regardless of his parents' commitment, willingness to remain involved on an ongoing basis, and ability to cope with him. Many parents interpreted the removal of their child from their care as an indication of their failure, and responded with an attitude of total discouragement about the child. In most cases, the parents were unable or unprepared to continue their struggle with a disruptive child. Occasionally, however, there were children referred for residential care whose parents possessed both the resources and the willingness to maintain continued involvement.

Second, while the parents might experience a respite from the demands of a disturbed child for the course of his treatment, in most cases the child eventually returned home. Frequently, the child's discharge from the institution was accompanied by a resumption of problematic behavior.

Third, a common pattern that emerged in many families with a member in care at Westfield was the successive acting out of several of the siblings. A disruptive child was frequently removed from the home only to have his acting out or "scapegoat" (Vogel & Bell, 1960, p. 383) role filled by a sibling.

Fourth, some children who came into care reported the feeling of no longer belonging at home, of being weekend guests with their own families, of having their bed and belongings usurped by a sibling. Somehow, the child in residential care was regarded by the other family members as worse, or crazier, or more blameworthy than anyone else. Parents frequently expressed the hope that their child would be cured at Westfield, transformed from a disturbed to a well-behaved, conforming child.

Clearly, a critical issue in the treatment of the disturbed child was the restabilization and strengthening of the family unit as a whole. The behavior of most of the children referred to Westfield was beyond the stage of being tolerated either at home or in the community. These children required intensive 24-hour treatment and protection in a facility such as Westfield. There were other children, however, whose behavior had not deteriorated to such an extreme. And there were some parents who responded favorably to the notion that "they all have a part in the existing emotional condition of the family and that they are all affected by one another's behavior without regard to the particular member who is the 'patient' " (Ackerman, 1970, p. 9).

In response to the above-described trends in the institutional care of disturbed children, a program for the non-residential treatment of children with extensive family involvement was launched at Westfield in September, 1974. While the work of such family theorists as Nathan Ackerman, Donald Jackson and Jay Haley provided a theoretical framework for the comprehensive family approach, Alfred Adler's individual psychology was the basis of the treatment philosophy. The Adlerian principles, as enunciated by Rudolf Dreikurs, were systematically applied in practice. Ongoing evaluation in the form of descriptive case studies proved to be the most useful approach to documenting behavior change.

B. RELEVANCY

As family therapy has received increasing respect as a treatment modality, there has been an inevitable proliferation of techniques and studies. But the unique response of the family therapist to each family

he sees does not relieve him of the responsibility of addressing himself to the question of his theoretical orientation (Ackerman, 1972, p. 447). Not only must family therapists demonstrate theoretical foundation and rationale for their approach, but they must also document the outcome of their efforts.

In this study, the issues of theoretical orientation and evaluation of outcome will be attended to. To view children in the context of the family rather than the context of the institution is sound theoretically if one accepts that behavior originates and is maintained in the family. While the family theorists provide a rationale for this change in focus from institution to family, Adler's positivistic, self-deterministic, social view of behavior contributes a harmonious treatment philosophy. Dreikurs' orientation to technique is the bridge from theory to practice.

Although rigorous measurement of the outcome of family therapy is impossible, given the infinite number of variables which impinge upon family members individually and collectively over time, case study descriptions of behavior change are a practical and useful approach to accountability. That the Adler-Dreikurs model integrates treatment philosophy and technique as well as provides the dimensions for the evaluation of behavior change results in a consistent, harmonious examination of the individual's growth in the family.

CHAPTER II. REVIEW OF RELEVANT LITERATURE

The intent of this chapter is to present the framework adopted for this study which is grounded in several compatible positions. The family theorists provide a rationale for understanding and examining the child in the context of, rather than in isolation from, his family. Alfred Adler's theory of personality and behavior suggests a philosophical foundation and a treatment model. Rudolf Dreikurs implements the Adlerian model into practice; he also suggests dimensions along which behavior change may be evaluated.

A. FAMILY THEORISTS

Among the theoreticians and practitioners of family therapy, there appears to be agreement only that the area is a complex one. There is a formidable range of current theory and practice techniques, which are described with varying terminology from diverse points of view. There is not yet a common scientific language of the family, nor does there appear to be agreement about the conceptual foundations of family therapy. On surveying the literature of family theory and practice, one is not only "overwhelmed by the array of forms of family treatment" (Ackerman, 1972, p. 442), but one is also confronted with "a conspicuous lack of consensus with respect to the theoretical foundations of this form of intervention" (Ackerman, 1972, p. 442). In one of the final papers published prior to his death, Ackerman (1972) also voiced skepticism that

"an integrated theory of family behavior and family healing (would) be achieved in the near future" (p. 441). Similarly, Haley (1971) referred to "a diverse conglomeration of ideas in the field" (p. 12). The observations of Ackerman and Haley are characteristic of the current literature regarding the nature and direction of family therapy. Despite the lack of agreement among family writers with respect to an integrated theory of family intervention, there is universal recognition that family therapy is effective in alleviating the emotional ailments of the family. Family theorists and therapists also generally agree that their primary goal is the enhancement of family relationships and communication in the present, rather than the resolving of past conflicts of individuals. An orientation which assumes that "the problem is the family ... the family is the problem " (Bell, 1962, p. 22) calls for a departure from traditional psychotherapeutic procedures which focus primarily on the experience of the individual.

Family practitioners and theoreticians have advanced various interpretations of what happens in families and why it happens. Ackerman has incorporated some psychoanalytic concepts in his systems approach to family dynamics. Haley, Jackson and Satir favor communication and interpersonal theory. Despite an apparent diversity of views among the recognized family writers, there are commonalities among them in their application of systems theory to families, in their conceptualization of homeostatic balance, and in their recognition of the family as the unit of experience.

Jackson (1961) reports that he and his colleagues "stumbled onto conjoint family therapy by accident" (p. 14) while working with

schizophrenic patients and their families in Palo Alto in 1954. Jackson and his research group wished to observe the behavior and communication patterns of schizophrenic patients in a more natural habitat than the hospital setting. So they began to study these patients in their homes, along with parents and siblings. This procedure not only furnished data for the research project, but it also appeared to provide some therapeutic help for the families. Traditionally, schizophrenic patients had been segregated from their families during treatment. Hospital personnel were then frequently faced with either continual interference or total disregard on the part of families with hospitalized members. Jackson repeatedly observed the recurrences of illness following successful treatment in relative isolation from the family when the patient was returned home.

From the outset, Jackson's work with schizophrenogenic families was grounded in the concepts of family homeostasis and the double bind.

> The concept of family homeostasis arose from observations that psychotherapeutic efforts with one member of a family might be hindered by the behavior of other members, or that another member might become disturbed as the member in treatment improved. These observations ... suggested that a family forms ... a dynamic steady-state system; the characters of the members and the nature of their interaction - including any identified patient and his sick behavior are such as to maintain a status quo typical of the family, and to react toward the restoration of this status quo in the event of any change, such as is proposed by the treatment of any member. (Jackson, 1961, p. 16)

The concept of the double bind assumes that communication occurs at a multiplicity of levels simultaneously. Specifically, it refers to

> a pattern of pairs of sets of messages, at different levels, which are closely related but sharply incongruent, occurring together with other messages which by concealment, denial, or other means seriously hinders the recipient from clearly noticing the incongruence and handling it effectively, as by commenting on it. (Jackson, 1961, p. 16)

Jackson's group views the recipient's unquestioning acceptance of incongruent messages in a significant relationship as productive of schizophrenic behavior.

The concepts of family homeostasis and the double bind continue to have major significance in Jackson's work. While his experience and documentation has been primarily concerned with schizophrenic patients and their families, parallels may be drawn with families who are facing other stressful situations. Any family experiencing continuous unsatisfying and painful interactions may eventually exhibit gross symptomatology indicative of emotional illness other than schizophrenia. While the overt behavior of such a family may vary from that of the family of the schizophrenic, the pattern of a persistent and pervasive system of interaction, resistant to outside intervention, can be discerned in any troubled family.

Haley's family orientation, too, originated in the 1950's with a research project in the area of schizophrenia. Initially, family sessions were of an information-gathering nature, but soon evolved into a systematic family treatment program. The focus of family treatment shifted to "changing the structure of the family and the sequences of behavior among a group of intimates" (Haley, 1971, p. 4) from the traditional efforts to change "an individual's perception, his affector

his behavior" (Haley, 1971, p. 4). The attempts to conceptualize a theoretical framework for describing family behavior resulted in a diverse range of ideas drawn from group therapy, which was based on artificial groups and did not involve habitual behavior among intimates; role theory, which characterized individual positions in the family but not sequences among family members; learning theory; and so on (Haley, 1971, p. 5). The model of family interaction to which Haley has consistently adhered is systems theory. It differs radically from traditional psychiatric ideology, which assumes that an individual's problem is internal while his social situation is secondary (Haley, 1971, p. 10). Systems theory, on the other hand, assumes that the individual is a product of his relationships with others. The appearance of symptomatic behavior, therefore, serves a function in his relationships with others - it influences other family members and provokes responses from them. Haley's proposed model is taken from cybernetics and assumes that people in close association set limits on one another. Their interaction is self-corrective: when one individual exceeds a limit, the other members respond in an error-activated manner. "This process of mutually responsive behavior defines the 'rules' of the family system" (Haley, 1972, p. 160). Each of the family members serves as a governor of the others, thereby maintaining the system. Because each individual functions as a vital part of the whole system, no single element can be blamed for inappropriate behavior. While some of the family members may be struggling for controlling power, the responses of the other members determine who ultimately wins. The family therapist who becomes part of such a family system will be dealt with at "the level of who is going to

govern the behavior of whom" (Haley, 1972, p. 162).

To accept the idea of the family as a cybernetic system is to accept the paradox that "the more one individual attempts to change the system, the more he is activating the processes which maintain the system unchanged" (Haley, 1972, p. 162). The tragedy of the disturbed family is that the higher the degree of discontent, the greater the effort to change and the greater the perpetuation of the system as it is. If the therapist attempts to bring about change in only one member of a homeostatic system, there will be repercussions throughout the family. Rather, the basic procedure which must be employed by the family therapist is to have all of the family members discuss their relationships with one another. Their use of verbal comments rather than the use of the former behavioral tactics compels a change in the system. The therapist functions as a model in his use of democratic principles, his consistent handling of disciplinary problems, and his refusal to respond to provocations from the family members (Haley, 1972, p. 170). Clearly he must avoid governing of the system as such a procedure is bound to induce the self-corrective processes in the system, with the result of even stronger resistance to change.

While "the existence of so many diverse forms of treatment constitutes a major issue in family therapy" (Ackerman, 1971, p. 448), Ackerman points to a number of basic similarities among the multiple approaches, and proposes that differences among them are more apparent than real. He attributes the diversity of treatment approaches to the therapist's individual style, which he views as an intensely personal art, an ongoing accumulation and interpretation of theory and practice

(Ackerman, 1971, p. 448). However, he also acknowledges an incompleteness of knowledge about family behavior which is reflected in the wide variety of approaches to family therapy.

Ackerman (1966) proposes the question, "In the clinical setting, what is it that we would ask of a comprehensive theory of family?" (p. 39). He suggests that any universal theory must apply to any family situation in any environment, but concedes that "our knowledge is nowhere near the point at which such generalizations are possible" (Ackerman, 1966, p. 39). In terms of family conflict and illness he focuses on the family's potential to adapt to change and sets realistic goals for therapy: "Health is relative to a given life situation, and different qualities and degrees of healing and cure fit different persons in different life situations" (Ackerman, 1966, p. 43). More important than therapeutic technique and the traditional patient-therapist relationship is the therapist's ability to relate to the family with warmth, humanity, spontaneity and openness. The therapist's emotional attitude is a critical determinant of the outcome of therapy. The family senses the respect of the therapist for its life situation and responds to the genuine acceptance which it experiences. The therapist's flexible accommodation to the unique nature of each family he encounters is the essence of a positive therapeutic outcome.

Because general systems theory aspires to universality and seeks to encompass the totality of relationships, Ackerman (1971) views it as best suited to any attempt to establish a theory of family behavior and change (p. 450). However, he cautions that any pure and abstract theory from mathematics is most difficult to apply to the

complexities of human situations. A mechanistic model which is preoccupied with the properties of systems possesses an unfortunate tendency to ignore the individual. In the final years of his life, Ackerman continued to set forth criteria for categorizing and conceptualizing family types. But his work conveyed a fascination with the intricacies of the family which allowed him to make only very tentative proposals about the nature of the family.

Salvador Minuchin (1974) has also steered away from traditional fascination with individual dynamics, preferring a framework which "approaches the individual in his social context" (p. 2). In structural family therapy, individuals are viewed as constantly acting and reacting within various social situations. The family is the most significant social group: its organization and structure govern the experiences of its members. For Minuchin, a basic tenet of family therapy is that the child responds to stresses affecting the family. He, too, relies on a concept of 'system' in his description of the family. The family is a social system to which members must adapt. Individual behavior hinges on characteristics of the system; therefore, any changes in family structure contribute to changes in the behavior of the family members. Some family systems are inadvertently supportive of unhealthy behavior in certain of their members by attempting to restrict and contain any behavior which may be disruptive, by avoiding the difficult member of the family, and by excluding him from decision-making. The humoring, pacifying and noncommittal style of interaction which some individuals experience in their family system invariably perpetuates their symptomatology. The structural family therapist endeavors to alter the

subjective experience of the family members by changing their relative positions in the family. When a therapist works with a family, he inevitably becomes part of a new therapeutic system within which he facilitates the use of alternative modes of interaction among family members. In so doing, he assumes certain properties of the family system: first, that one change produces at least one possibility for further change; second, that the family is organized around the members' own ability to support, regulate, nurture and socialize its members; and finally, that the family system is self-perpetuating. Ultimately, then, the therapist joins the family system, then uses himself to transform it. "By changing the position of the system's members, he changes their subjective experiences" (Minuchin, 1974, p. 14).

Minuchin sets out a series of developmental tasks which face a couple at the beginning of marriage. The couple establishes a number of necessary routines in a process of mutual accommodation. The transactional pattern which evolves in the course of their marriage is the basis for their family system. Each spouse brings to the marriage familiarity with and certain expectations of the other from his own family of origin (Minuchin, 1974, p. 27). He may be flexible about some of his expectations; however, he may insist that his mate accommodate to and assimilate other of his preferences. Creation of this new system may include the establishment of dysfunctional patterns which inevitably intensify with the arrival of a child. The child's sense of identity and belonging comes from his accommodation to a specific family system. It is also from participation in this same system that he achieves a sense of separateness. If the family system lacks the resources to

adapt to changing circumstances both internally and externally, then family members may become either overly dependent upon or overly separate from their families. In other words, some disturbed family systems may react excessively to any variation from the accustomed routine, while others may not react at all, even in situations of extreme stress (Minuchin, 1974, pp. 55-56). The family therapist must assess the functioning of the family system and make an appropriate intervention. At the same time as continuity is maintained in a healthy family in times of stress, this family also possesses the flexibility to adapt to changing circumstances. When the therapist joins a rigid family system, thereby experiencing and being free to assess family stress and pain, he is also in a position to unbalance this system by allying with one of its members. The other family members experience stress in response to this skewing process and are likely to insist on maintaining the familiar system. But the therapist must counter their reaction and facilitate their growth through his confirmation of their experiences of uncertainty and fear, and his support. However, he must ensure that the therapeutic system is capable of dealing with the changes he introduces (Minuchin, 1974, p. 114).

Virginia Satir (1967) has referred to her "intimate professional association" (p. xi) with Jackson and Haley. Her terminology, therefore, bears similarity to that of her mentors. She, too, views the symptoms of individual family members as indicative of a dysfunctional family system (Satir, 1965, p. 127). The family member exhibiting symptoms, the identified patient, is signaling the presence of pain and discomfort in his family. Satir believes that "each member of any family is unavoidably

committed to the system of his family" (Satir, 1967, p. 128). The symptoms of any family member reveal something about both the individual and his family system. To understand the symptom, then, the rules of the system must be perceived. An open or healthy system allows direct and open confrontation with change. A closed system, on the other hand, attempts to handle the inevitable changes in the family by maintaining the status quo. Because changes within and among family members and within the social environment are inescapable, any family system which is unable to assimilate change will produce symptoms.

The family theorists believe that the family operates as an emotional unit. The nature of family problems is the way family members relate to one another, not the behavior of any one person. The behavior of one member affects all others in the family and precipitates a chain reaction. These chain reactions are repetitious and predictable and are the basis for the family therapist's intervention (Papp, 1973). Alfred Adler's view of human behavior, juxtaposed to family theory, provides a compatible philosophy and mode of intervention.

B. THE THEORY OF ADLER AND DREIKURS

1. Alfred Adler

a. Purposiveness of Behavior

In Adlerian theory, the basic dynamic force behind all human activity is man's ceaseless striving from inferiority toward superiority, from a felt minus toward a felt plus situation. Adler paralleled the psychological phenomenon of the ceaselessness of striving for superiority to physical growth and viewed it as an intrinsic necessity of life itself.

At the root of the solution of all of life's problems of self-preservation, pleasure, conquest and security, is man's impetus to overcome the present reality in favor of a better one. Adler reasoned that every infant actually is inferior in terms of his smallness and helplessness in the face of life. Without considerable nurture for some time, survival would not be possible. In the world of adults, the small child is bound to appraise himself as inadequate and inferior. So, at the beginning of each psychological life, there is a deep inferiority feeling which is the driving force from which originates all of the child's efforts to establish a goal for himself which will yield confort and safety in his future. The degree of the feelings of insecurity and inferiority depends entirely upon the child's interpretation of his situation. Inferiority feelings themselves are not abnormal; without a drive to overcome, mankind would have succumbed long ago to nature.

b. Social Nature of Man

Second only to man's striving for overcoming, the social embeddedness of man is the most important factor in Alfred Adler's Individual Psychology. Adler came to define the inferiority of the individual within the larger whole to which the individual belongs, ranging ultimately from the face-to-face groups to the whole of mankind. Adler's position was to accept "the complete unity and self-consistency of the individual whom [Individual Psychology] regards as socially embedded" (Ansbacher & Ansbacher, 1956, p. 126). The logic of communal life is, for Adler, the absolute truth. The weakness and dependency of infants necessitates their care by adults for several years. Logically,

then, the child's style of life or feelings of inferiority cannot be separated from those adults who care for him. The conditions of life itself are determined by the fact that men live together and are guided by rules which have spontaneously arisen as a result of their communality. In the history of human culture all forms of life have been conducted on a social basis. Fundamental to man's survival in nature has been his group living practice which enables solution to problems of existence through a division of labor. Alone, man would have perished. In nature, then, man is an inferior being. Yet it is this inferiority which "acts as a continuous stimulus to find a way of adjusting, of providing, of creating situations in which the disadvantages of his position seem compensated" (Ansbacher & Ansbacher, 1956, p. 129).

Given the dynamic force of man's continuous striving, and the nature of his social embeddedness, it is his social interest, or gemeinschaftsgefühl, by which the striving for superiority is implemented and by which the individual constructs his style of life. Man's innate potentiality for cooperation and social effort must be evoked if he is to survive. According to Adler, social interest is innate, just as is his striving for overcoming. The important difference between these two characteristics is that social interest must be developed. The development of the child's potentiality for cooperation occurs only through his subjective understanding of his social environment. "The decision [as to how he will interpret the essentially ambiguous social content] rests in the creative power of the child" (Ansbacher & Ansbacher, 1956, pp. 134-135). The mother-child relationship provides the first opportunity for the cultivation of the child's potential for cooperation. Because the mother

is the first other person whom the child experiences, in her hands rests the responsibility of widening her child's circle of human contacts. If she is satisfied with a restricted social development, then she essentially directs the child's social interest to herself exclusively and hinders the growth of his social feeling.

Adler viewed social interest as an evaluative attitude toward life. "To see with the eyes of another, to hear with the ears of another, to feel with the heart of another" (Ansbacher & Ansbacher, 1956, p. 135) clearly captures the essence of gemeinschaftsgefühl.

Adler depicted social interest as "the barometer of a child's normality" (Ansbacher & Ansbacher, 1956, p. 154). The degree of social interest manifested by the individual is in the realm of the psychologist's concern. The child whose feeling of inferiority is not abnormal will always strive to be worthwhile and useful. In the pursuit of his goals, he will display interest in others. The normal compensation for the natural inferiority feeling which each person possesses is a feeling of value which can originate only from a contribution to the common welfare. Maladjustment, on the other hand, is rooted in a lack of social interest. Those individuals who approach the problems of life without confidence that cooperation lies at their solution tend to develop private goals of personal superiority, to the exclusion of concern about the welfare of others. The irony of a private goal, for Adler, is that there is no meaning at all unless others are involved, for meaning is possible only in communication. The only significance for individuals is thus in the contribution that they make to others.

c. Style of Life

The style of life established by each individual is in reaction to the feelings of insecurity and inferiority which are sensed from the time of birth. Because these feelings cannot be endured, the child is stimulated into striving consistently toward a goal which he creates for himself. Adler believed man to be a self-consistent unity: in his thinking, feeling and acting, in every expression of his personality. While every child inherits different potentialities, the key to his style of life is not what he inherits but what use he makes of his genetic inheritance, as well as his environmental influences. The child's creative power incorporates all of the influences upon him into a unified movement toward a goal. Each individual must be viewed as a self-consistent being, as a goal-directed and purposeful whole. "All inherited possibilities and all influences of the body, all environmental influences ... are perceived, assimilated, digested, and answered by a living and striving being, striving for a successful achievement in his view" (Ansbacher & Ansbacher, 1956, p. 178). The child, then, subjectively and actively moves through his experiences, creating his own conception of the world. The objective facts and circumstances of the world are molded differently by each individual. While no one knows the ultimate objective view of the world, it is obvious that some individuals are more in error than others in their apperceptions.

Similarly, individuals react to their experiences in whatever manner suits their goal. "Meanings are not determined by situations but we determine ourselves by the meanings we give to situations" (Ansbacher & Ansbacher, 1956, p. 208). While one person may come out of an unhappy

experience feeling embittered and vengeful, another may experience a similar situation as an opportunity for growth. When one examines the history of a problem child, difficulties in the mother-child relationship will undoubtedly emerge. While another child may experience similar problems in his relationship with his mother, his conclusions may be different. A child's behavior is not dictated by his experiences but rather by the conclusions he makes as a result of his experiences.

Once the individual has established a style of life in pursuit of a concrete goal, all of his behaviors and symptoms are precisely those required to achieve whatever goal of superiority he has chosen. By the age of five years, Adler viewed life style as firmly entrenched. While one's view of the external world, i.e. goal, remains unchanged, it is possible to alter the means by which the goal is attained. The healthy individual, in particular, demonstrates flexibility in his striving for superiority. It is the unhealthy person, in his aspirations for personal superiority, who may attain his purposes only via very restricted means.

d. Birth-Order Position

Adler assigned considerable importance to the role of parents, especially the mother, and to the child's interpretation of his position in the chronology of the family. The mother has an especially substantial task in her position of representing the greatest fellowship which the child will ever know. Hers is the task of gradually transforming "the child's love for her into a benevolent, confident, and responsible attitude towards society" (Ansbacher & Ansbacher, 1956, p. 372). Not

only must she provide the completest form of human fellowship for her offspring, but she must also provide a bridge to other human contacts. It is in his relationship with his mother that the child experiences his first opportunity for cooperation. If the mother is herself dissatisfied, she will be unable to make the best possible connection with her child. Consequently, the child is deprived of opportunities for fellowship and cooperation and will have difficulty developing the ability to cooperate with others.

An unhappy marriage portends grave dangers for the child. If cooperation between the parents is faulty or altogether lacking, the child's first model of cooperation will teach him dissension and self-interest instead.

Children from the same family environment differ from one another because each experiences a different psychological situation. "It is not ... the child's number in the order of successive births which influences his character, but the *situation* into which he is born and the way in which he interprets it" (Ansbacher & Ansbacher, 1956, p. 377).

The first-born child is temporarily in the unique position of having lavished upon him a great deal of attention. Until he is suddenly dethroned with the birth of the second child, he does not have the experience of cooperating with another child. Unless he is prepared for the arrival of a rival and is secure in his parents' affection, he will fight for parental love by whatever means are effective. Typically, he chooses a goal of pleasing his parents, protecting and taking responsibility for his younger siblings.

The second child is in the advantageous position of being immersed in a situation calling for cooperation from birth. He does not have to adjust to the notion of sharing parental attention because that is always his reality. He has the vantage of a pacemaker who serves as a constant stimulus to him to strive. But, "having neither the rights of the older, nor the privileges of the younger" (Dreikurs, 1968, p. 24), he may feel unfairly treated.

It is the youngest child who is never dethroned. He faces so much stimulation to strive that he may choose either to overtake everyone, or to surrender totally. Because everyone with whom he is in contact is older, stronger and wiser, he may develop insurmountable feelings of inferiority. He may compensate for his feelings of smallness and weakness by putting the older and stronger members of his family into his service. His style of life may always involve securing the support and protection of others.

An only child is typically pampered by the mother, who is fearful of losing him. She therefore fails to awaken his social interest and the child may be deprived of the experience of cooperation. Consequently, his life style may be one of self-aggrandizement rather than one of contributing to the common good.

Of significance in Adler's discussion of birth-order position is the specificity with which it accounts for a constant environment producing very distinctive personality characteristics among siblings depending entirely upon the interpretation given to the situation by each individual.

e. The Problem Child

What differentiates the normal individual from the neurotic one are the respective goals toward which each strives. While the normal person strives toward perfection which benefits all, the neurotic strives towards personal superiority, expecting a contribution from the group in which he lives. "The ideally normal individual has an ideal amount of social interest" (Ansbacher & Ansbacher, 1956, p. 103). The psychologically unhealthy person's goal excludes the welfare of others, but the healthy person is more concerned with overcoming difficulties both appreciated by and beneficial to others. The goal of therapy is therefore to awaken the individual's social interest. Because all cases of failure hinge on the individual's lack of social cooperation, it is the counsellor's role to promote the cooperation between himself and his patient. He can succeed in this task only out of genuine interest in the other. "The task of ... the psychologist is to give the patient contact with a fellow man, and then to enable him to transfer this awakened social interest to others" (Ansbacher & Ansbacher, 1956, p. 341). The role of the therapist is analogous to that of the mother. This activation of social interest through the therapist's "unconditional expression of social interest" (Ansbacher & Ansbacher, 1956, p. 341) was interpreted by Adler as the encouragement of the patient since the process, in essence, builds up the patient's courage.

2. Rudolf Dreikurs

a. Democratic Relationships and Cooperation

Rudolf Dreikurs proposed some valuable practical applications

of Adlerian theory. He adopted Adler's basic view of man as a social being, of his behavior as purposive and goal-directed, and of his personality as unique and self-consistent. A philosophy of democracy, with its implied equality, is the essence of Dreikurs' approach. With the evolution of democratic practices of societal control, the individual has gained the right to self-determination. The child can no longer be forced to conform simply out of traditional subordination to parents. Rather, "pressure from the outside has lost its effectiveness and must be replaced by stimulation from within" (Dreikurs, 1968, p. xvi). But democracy does not mean license to do as one pleases; respect for the freedom of others and responsibility for one's own actions are also implied (Dreikurs, 1964, p. 9). How the child handles his right to self-determination will be a function of his perception of himself and his situation. If he is an encouraged child, he will perceive and respond to his world by contributing to the common good in an optimistic, constructive style of life.

Similarly, the concept of cooperation takes on added meaning in a democratic atmosphere. While parents may attempt to demand cooperation from their children, such an authoritative approach is likely to stimulate rebellion. A parent who respects the child and allows him a choice or decision stimulates cooperation. Dreikurs pointed out that cooperation does not imply "giving in"; rather it suggests a sense of moving together toward a common goal (Dreikurs, 1964, p. 131).

The implication of a relationship between equals is the respect required both for self and others. Dreikurs (1968) viewed the violation of this respect as at the basis of most current difficulties in child-

rearing (p. 25). Parents who condone whatever their child does, without regard for family disruption or their own loss of self-respect, are in effect discouraging that child by failing to allow him to experience dignity and respect for order. The child who is overmanaged, either by overprotection and indulgence at one extreme, or by suppression and punishment at the other, is "deprived of the necessary opportunity to experience his own strength and ability" (Dreikurs, 1968, p. 26). The child interprets parental interference as a lack of confidence in his ability to take responsibility for himself. When parents do not have faith in a child, the child's innate sense of inferiority is augmented, while healthy adjustment demands self-confidence to overcome inferiority feelings. Democratic relationships are based on mutual respect wherein the child is approached with firmness (revealing the parents' self-respect) and kindness (indicating respect for the child) (Dinkmeyer & McKay, 1973, p. 13).

b. Encouragement

Dreikurs viewed the misbehaving child as a discouraged child; a child "cannot grow and develop and gain a sense of belonging without encouragement" (Dreikurs, 1964, p. 36). As an encouraged child has faith in his abilities, and seeks to belong through usefulness, participation and contributions, a discouraged child is convinced that he is inadequate and unable to make any worthy contribution to the group. However, he will not go unnoticed; he discovers an alternative to cooperative behavior and establishes a place for himself via negative and/or uncooperative means.

> Encouragement, then, is a continuous process aimed at giving the child a sense of self-respect and a sense of accomplishment. From earliest infancy he needs help in finding his place through achievement. (Dreikurs, 1964, p. 39)

c. Evaluation of Behavior Change

Rudolf Dreikurs' (1964) child's mistaken goals of behavior provide useful dimensions along which behavior change may be viewed. Children have a need to belong. This sense of belonging may be achieved through usefulness and participation in the group. However, the discouraged child experiences a restricted sense of belonging and may seek to achieve his place in the group through other means (Dreikurs, 1964, p. 58).

When the discouraged child misbehaves, he is operating under the mistaken assumption that he will gain recognition only by defying, rather than contributing to, the needs of the group. A child may adopt one of four goals of misbehavior based on the mistaken belief that it is the only alternative for him to function in the group. The same child may adopt varying goals, depending on the circumstances. While he may obtain the same goal using different behaviors, similar behavior patterns may serve to achieve different goals. The key to understanding the dynamics of the behavior is in the effect of the behavior on others (Dreikurs, 1968, p. 27).

The first mistaken goal of behavior is attention-getting. The attention-getting mechanism becomes operative when the child is deprived of opportunity for social recognition through constructive contribution. He comes to assume that he has significance only when he is the center of

attention. When his demands for attention are met, the child's self-reliance continues to function at a low ebb. While his bids for attention may be socially acceptable when he is an only child, his dethronement may be accompanied by a parental expectation that he desist from his childishness. His quest for attention may then become more unpleasant and unacceptable. Humiliation and even punishment are bearable for the child, for these are preferable to no attention at all.

Attention-getting behavior may escalate into power conflicts, which Dreikurs identified as the second goal of misbehavior. The child whose behavior seems to say, "My importance lies in making you do what I want" (Dreikurs, 1964, p. 60) believes his only satisfaction and sense of worth lies in doing what he wants to do and in refusing to do what others want him to do. No one wins, essentially. If the child wins one victory, the parents are likely to become even more determined to win on the next round. Conversely, when the parents are able to overpower the child, their victory will only serve to verify the child's mistaken belief that power will give him status.

The intensification of the power contest gives rise to the third mistaken goal of behavior, which is retaliation and revenge. As the parent and child are increasingly involved in their struggle for power, the child is more and more discouraged in his efforts to gain a place and may feel a sense of significance only if he can hurt others as he feels hurt by them. The child intent on revenge becomes adept at perceiving and taking advantage of the vulnerability of others.

The child who has lost all hope of significance is a completely discouraged child. He anticipates only defeat in any efforts he makes

and uses his real or imagined inferiority to prevent those around him from expecting anything of him. Rather than risk further humiliation, he avoids all efforts to participate or contribute.

The spontaneous reactions of those around the child serve as a guide to the nature of the goal of misbehavior. The adult's immediate reaction is indicative of the child's intentions. Usually the adult's reaction coincides with the child's intent. A response of annoyance, manifested in scoldings or warnings, serves to busy the adult with the child and precisely meets the child's goal of attention-getting. If the adult's reaction is to feel challenged and provoked to overpower, then he is encountering a "power-drunk child" (Dreikurs, 1964, p. 61). But such a reaction will only escalate the battle. The adult who feels deeply hurt or outraged has succumbed to the child's attempts to gain retaliation. Typically, adults react with horror to the behavior of the child intent on revenge. Finally, the reaction to the child who is absorbed in demonstrating his inadequacy is one of helplessness and despair. The child's message of thorough hopelessness and worthlessness evokes only despondency on the part of most adults.

Awareness of the goal of the child's misbehavior may shed some light on the purpose of his behavior and provide a guide with respect to the appropriate corrective response. If the parent renders the achievement of the child's goal of behavior futile, and more importantly, provides an alternative means for the child to experience a sense of contribution and belonging, then the child has the opportunity to make a redecision about how he will find his place. A parent whose child is demanding undue attention may avoid yielding to his demands. A parent

may withdraw from any power struggles in which he discovers he is engaged with his child. When a child seeks revenge, a parent may avoid the temptation to retaliate. And the helpless child may discover his own strengths when he experiences them in situations the parent may choose to arrange, rather than reacting to the child with despondency.

The four mistaken goals of behavior provide a scheme by which the child's intensity of disturbance may be recognized. The more disturbed child reveals his disturbance in his complete withdrawal from participation. Thus, a very withdrawn child who begins to challenge the authority of his parent figures may be assumed to be responding to therapeutic intervention. Dreikurs cautions that these mistaken goals are obvious only in the child of less than 11 years of age (Dreikurs, 1964, p. 65). Until approximately the age of 11 years, the child views himself in the perspective of an adult world and focuses his attention on building relationships with his parents and other adults. As he approaches adolescence, however, peer relationships become more important and he pursues a wider variety of behavior to establish a place for himself among his peers. Thus, the explanation for disturbing behavior might be explained in terms of one of the four goals of misbehavior. But it might also be explained by another mistaken approach such as thrill-seeking or pursuit of material success. Whatever misbehavior is displayed, the issue of the child's or adolescent's striving for a sense of belonging and recognition is paramount.

C. RELATIONSHIP OF ADLER AND THE FAMILY THEORISTS

A basic assumption underlying Adlerian thought is that man is

a social being with a need to belong and that all of his behavior has the purpose of achieving this sense of belonging. The family theorists refer to homeostasis: members of the family behave to maintain the balance typical of their family system. In harmony with Adlerian principles, family theorists profess that family members act in whatever manner they must to acquire a sense of membership, of recognition and of belonging in that family. In both systems, therefore, change in attitude and subsequent behavior of one member inevitably has an impact on relationships with other family members (Pew, 1973).

The family constellation and the child's position in the family have been proposed by Adler to account for personality differences among siblings. Competition between siblings and each child's unique interpretation of his own situation result in the establishment of an area of competency for himself which usually goes unchallenged by the other children in the family. The child's behavior has the purpose of establishing his area of expertise, be it academics, athletics, temper tantrums, day-dreaming or shop-lifting. For the family system to remain in homeostatic balance, the child persists with whatever behavior achieves his purpose of belonging. If one family member has established his niche via unacceptable behaviors, then the entire family is a critical determinant of whether that behavior will be maintained or replaced by more acceptable activity. If the child's purpose of achieving a sense of belonging is to be accomplished in a more worthwhile manner, then the equilibrium of the whole family must be altered.

Adler's realization of human interrelatedness and his concern with the fact that the individual must be seen, and indeed must see himself,

in the context of the larger whole corresponds to the concept of family systems. For both the family system adherents and Adler, problems of adjustment are problems of interaction between the individual and his family context. Between both systems there is consistency in the view of the individual within the larger whole or the group to which he belongs.

Dreikurs pointed out that "the problems of each child ... become an integral part of the family relationships and cannot be understood or solved as isolated problems" (Dreikurs, 1968, p. 25). In the power politics of the family, the personality traits of the children are expressions of their decisions as to which methods each will employ to find his place. Family relationships can be examined in terms of the similarities and differences among family members. In keeping with the Adlerian notion of the ceaseless striving from feelings of inferiority to superiority, it is the competitors in the family who most strongly influence and serve as stimuli to one another. Thus the behavior of all members can be viewed as coordinated. Dreikurs (1968) states that when the problem child improves, the "good" one (p. 25) deteriorates. This interaction among family members serves to maintain a delicate balance clearly recognizable as the homeostatic balance of the family system which the family theorists advocate.

One of Adler's earliest articles (1907), "Organ inferiority and compensation" (Ansbacher & Ansbacher, 1956), was a statement of his theory of compensation, both of a physiological and psychological nature. The organism attempts to compensate when the balance is

unfavorable for it in all organ-environment interactions. The mind, as part of the central nervous system, has a role in this process of compensation or maintenance of equilibrium (Ansbacher & Ansbacher, p. 23). This theory of compensation closely resembles that of homeostasis to which Adler enthusiastically responded when it emerged several years later. Both compensation and equilibrium aim at the maintenance of homeostasis. That Adler should testify as to the significance of the role of homeostasis in organism-environment interactions and that the family theorists should take it as the integrating force among them reveals essential harmony between Adlerian and family theory.

"Both points of view are interpersonal, transactional and social with a basic optimism and a belief that people can change" (Pew, 1973, p. 166). Both recognize the reciprocal effects of the behavior of family members on one another. Neither makes use of standard psychiatric jargon nor attends to psychosexual development. While family systems theory emphasizes parental expectations as most important in shaping the child's development, the Adlerians point to the child's perception of his situation and the decisions he arrives at about it as the basis of personality development. So despite essential congruity between the two frameworks, there are differences.

In practice, again there are similarities and differences. Jackson, Haley, Satir and others see families publicly in the sense that sessions may be recorded, observed behind one-way glass, or observed by other therapists. Adlerian family therapy may also be conducted in the presence of an audience. Although both groups see

entire families, Adlerian therapists frequently see parents and children individually. "Both types of therapists are extremely active, hopeful and directive" (Pew, 1973, p. 168); there is a respect for the family members' ability to cope and to recuperate emotionally. Goals of treatment are similar in both frameworks: the family therapists establish a new equilibrium which is more satisfactory to all family members and the Adlerians strive for more cooperation and contribution to the common good of the family on the part of each individual.

CHAPTER III. METHODOLOGICAL ISSUES AND RELATED STUDIES

A. METHODOLOGICAL ISSUES

The measurement of change in human behavior is a particularly perplexing task. Behavior is of so complex a nature that the isolation of the variables affecting it and the rigorous measurement of these concomitants tend to result in data too simplistic to be meaningful. In effect, to study the family relationship process is to research "a piece of living experience" (Haley, 1972, p. 291). The systematic research of physical events allows precise identification of dependent and independent variables. But the very nature of family relationships, which must be viewed as dynamic rather than static, and the inevitable interaction of the family with its context preclude the possibility of precise controls or the replication of single events. Hard data about family relationships in one family do not capture the intricacies of membership in all families. While findings may be more precise when the field of investigation is narrowed to the extreme, the essence of the problem under examination may be distorted or lost. On the other hand, findings are less precise when studies are more encompassing.

To investigate the complex area of the family presents methodological difficulties in terms of determining the event to be measured, establishing a means of investigation, conceptualizing the temporal factor (i.e., the dynamics of the family in the immediate present as opposed to the past), interpreting the role of the observer who, in the therapeutic process becomes part of what he is observing, and interpreting the findings (Ackerman, 1970, p. 293). Ackerman

proposed the invention of "a whole new set of methods of research appropriate to the nature of the problem" (p. 293), including the wide possibilities of descriptive study and the application of systems theory to the unique process of family interaction. He stated unequivocally that the root experience of the therapeutic process is the case study and the insights derived from them (Ackerman, 1972, p. 447). He proposed clinical study, as distinct from the controlled experiment, as a model of investigation. In contrast to data derived from the replication of experimental conditions, "clinical understanding grows out of the accumulation of experience which has been tested against real life" (Ackerman, 1972, p. 447).

Ackerman (1970) edited a volume of selected *Family Process* articles under two major groupings: "Theory and Practice" and "Research". Of the seven papers, five concerned research methodological issues and two were offered as "the hard data of systematic research" (p. xii). Ackerman concluded that to separate theory and practice in family research seriously restricts the scope and significance of the results. While the five papers concerned with basic principles and methodology were "exploratory and conjectural" (p. xii), the two more rigorous research papers were more limited in their scope. To attempt to define a family's interactions as precise measurable units renders the results meaningless in the delicately balanced intricate system of relationships which, as a self-consistent unity, comprise the family.

Lazarus and Davison (1971) proposed that much of the progress in therapeutic theory and practice arise from clinical innovation and experimentation rather than controlled laboratory research across large

samples of cases. While the clinician's ideas may be hazy, bias-prone and anecdotal in nature, it is his creativity which is the source of breakthroughs in practice. The authors viewed the clinician's discoveries about particular patients and his invention of new procedures to resolve difficult problems as a form of research. The single case study method provides a means for the application of principles in new ways and may be a precursor to subsequent and better-controlled research. The major drawback of extensive statistical designs is "the fact that they yield only group norms and probabilities, and do not tell us very much about a given individual in the group" (Lazarus & Davison, 1971, p. 209). Case studies permit one to relate individual therapeutic effect to specific characteristics of the client. While no two cases are identical, the examination of similarities and dissimilarities may permit a more general statement about the effects of treatment.

Bergin and Strupp (1970) examined the feasibility of conducting large-scale collaborative research projects in psychotherapy through an analysis of existing empirical literature, formulation of promising research designs, and consultation with research scholars. They concluded that large-scale studies are not feasible because of "the complex interactions among patient, therapist, technique, and socio-environmental variables" (p. 16) which make the isolation of the effects of one variable extraordinarily difficult. Furthermore, the necessary experimental controls on these variables is inconceivable given the diverse theoretical orientations of therapists practicing varied techniques with heterogeneous groups of subjects. The authors

proposed the individual case study as the most strategic approach to understanding the mechanism of change. The results of the single case experiment indicate the degree of effectiveness of the procedure and point to necessary modifications. The case study, then, becomes the cornerstone of technique building, in contrast to technique testing. The authors recognized the responsibility of the therapist to specify the problem, the goal and the technique, and to carry out clinical studies with increasing specificity and explicitness.

Within the Adlerian framework, the essence of human behavior is the uniqueness with which every individual interprets his situation. While human beings may share basic drives and fundamental needs, each man's behavior is his own original creation. Dreikurs points out that research is typically oriented toward discovering likenesses among individuals (Dreikurs & Grey, 1970, p. 8). To discover the differences among them, each situation must be examined individually. In terms of family investigation, the family pattern cannot be viewed or researched as the determinant of behavior. The child freely interprets his experiences in the family. Two families similar in life style, family chronology, atmosphere, beliefs, values and patterns of relating to one another may beget offspring widely different in personality traits. The description of each particular individual, his unique interpretation of his life experiences, and the similarities and differences of character traits among siblings are appropriate inroads to understanding the specific life-style, problem situation, symptomatology and therapeutic approach.

Bell (1967) applauded the shift in orientation from the

individual to the family. However, he criticized family researchers for their failure to develop a common language of the family, despite similarity in concepts and generalizations among them. He was also critical of the tendency of family investigators to exaggerate the problems of control, replication and generalizability. He said that family researchers must make efforts to systematically record and generalize their findings if a general theory of family illness and intervention is to become a reality.

Similarly, Haley (1967) saw a shift in focus from the nature of the individual to the nature of behavior patterns among individuals. Before generalizations about the processes of the group can be made, researchers must observe and describe family events. While the relevant facts and method of data collection may be unclear, many descriptions of observable behavior, as well as emotions, attitudes and expectations, will eventually permit the synthesis of a formal theory of family relationships.

Pool and Frazier (1973) reviewed the literature on family therapy from 1969 through 1973. They had difficulty assessing the results of family therapy using any objective criteria. Reported successes were defined psychodynamically or behaviorally and reflected the therapist's interpretation of improvement. Very few uses were made of psychometric data to measure personality or attitude change. The authors saw use of such data as potentially valuable in the comparison of family therapy compared to other forms of treatment.

A major search of family literature by Wells *et al.* (1972) revealed only one article, in forty-one social work, psychology and

psychiatry journals, which met the minimal requirements of research: it reported on at least three cases; it specified outcome results; and it included a control group. The years from 1950 through 1970 (the period covered in the study) saw a proliferation of family-related literature and an increasing respect for family therapy as a new dimension in the science of behavior (Ackerman, 1972). That a complete review of the literature disclosed only one study meeting the minimal requirements for scientific investigation seems to reflect more the complex nature of the area than the lack of investigative expertise of the practitioners.

B. RELATED STUDIES

Studies exemplifying the use of the case study in family investigation are included in this section.

Monea (1974) made use of a single case study to explore the theoretical rationale, the process, and the techniques of family therapy with a 14 year old drug-using boy, the mother, the step-father and siblings. She concurred that there was a need for further observations and experiences to more accurately assess the characteristics of families who would respond to her approach, which was modelled after Virginia Satir's work. However, the family showed favorable response and improved relationships as the therapy progressed.

Guttman (1975) contended that the child, in his behavior and play, "acts out" certain family feelings which are often ignored in the family therapy process. He presented seven case descriptions which illustrated how children define family problems in therapy sessions

through such actions as movement, choice of seating arrangement, play activity, drawings and timing of disruptions. From the case study observations, Guttman concluded that family therapy, if truly committed to systems theory, should be as concerned with the younger child as with the other family members.

Fine (1973) used four divergent case studies to demonstrate how extended families were helpful in clinical practice. The cases included a 9 year old school behavior problem, a clinging, fearful 10 year old girl, a 7 year old acting out boy, and a rebellious 12 year old boy. Although each family differed widely in life experiences, family dynamics and emotional relationships, the case study approach was found to be useful in illustrating a particular technique of family therapy and in applying the findings to other community mental health centers.

Haley (1973) presented case studies to illustrate three possible avenues of approach with a problem child whom he defined as over-involved with one parent while only peripherally involved with the other parent. The unique situation of each family determined whether the therapist brought about change by involving the peripheral parent and the child, by disengaging the over-involved parent and the child, or by focusing on the relationship between the two adults. Haley drew several conclusions from this case study evaluation which he recommended for practice in more effective family therapy.

Nadelson *et al.* (1975) presented several case studies illustrating evaluation of couples referred for marital therapy in order to formulate plans for treatment approach. The authors implied

that each partner must be evaluated as an individual as well as in the context of the relationship. Because of contrasting styles of adaptation, tolerance of stress, capacities to be supportive and motivation for treatment, the couples were assessed on an individual descriptive basis with the resulting evolution of a flexible, eclectic treatment model.

Stierlin (1974) explored the phenomenon of the shame-guilt cycle as it fulfilled a positive homeostatic function in strengthening family solidarity. He illustrated the typical family dynamics and therapeutic intervention with a case study comparison of two families. Stierlin proposed that the interpretive work of the therapist could only occur through careful exploration of the unique dynamics of each family situation. He cautioned against premature confrontation of families with the implication that family members must be perceived as uniquely shaped by events which the therapist must take into account.

Rosenstock (1975) described use of a technique for use with acting out adolescent identified patients. The child, his family and the therapist met prior to the patient's discharge and wrote a contract which specified the conditions of behavior of the reunion of the family. A case report illustrated the use of Rosenstock's technique.

McPherson *et al.* (1974) viewed family therapy from the systems perspective as a process consisting of a series of crisis points or stages. Case studies were used to exemplify the moments in family therapy when family equilibrium was upset. They concluded that

the philosophy of the family therapist largely determined the outcome, i.e., unless the therapist firmly believed in the potential for rewarding relationships in the family, he was unable to capitalize on the opportunities for growth which the crises presented.

The state of existing research in the area of family therapy reflects the state of flux and growth which family therapy has undergone in the last decade. Efforts have been directed at theory-building rather than at data-gathering. Little has been achieved in the reporting of replicative, controlled research in the study of the family. A less restrictive descriptive case study approach to investigation and reporting family dynamics is currently a valuable and workable alternative. Descriptive studies, while less statistically precise, encompass the uniqueness of particular families. Understanding a particular family is more useful in the therapy situation than being able to anticipate the "average" dynamics, relationships or outcome.

CHAPTER IV. THE TREATMENT EXPERIENCE

The treatment approach practiced in Cottage 3 implemented and integrated the concepts of family theory, Adlerian theory and the Dreikurs model as detailed in Chapter II. That the children remained in the care of their parents, rather than being institutionalized for the duration of the treatment period, reflected adherence to those notions labelled variously "family homeostasis" and "systems theory". As an adjunct to the theoretical rationale, Adler and Dreikurs were used as the basis for the treatment model. In the formulation of treatment goals and the evaluation of progress, the principle of democratic interactions, incorporating respect for and acceptance of the behavior of others, prevailed.

A. BACKGROUND AND SETTING

Westfield is a residential treatment institution for emotionally and behaviorally disturbed children. Opened in 1967, it is funded by the Department of Social Services and Community Health of the provincial government. At any given time, it is home for 82 children between the ages of 6 and 16, although the majority of children are 12 to 14 years old. The length of involvement in the Westfield program averages about one year. During that year the overall goal of treatment is to enable the child to function more adequately in his home, at school and in the community. While the children referred for care to this facility are labelled "emotionally disturbed", they are experiencing a wide range of problems: under-achievement at school,

chronic school truancy, difficulty in peer relationships, thefts, drug and alcohol abuse, promiscuity, and running away from home are common manifestations of disturbance. It is not unusual for one child to be exhibiting several of these behaviors concurrently. The typical Westfield resident has known disturbed family relationships and inadequate parenting. His home may have been characterized by economic deprivation, marital breakdown, mental illness, alcoholism or frequent changes of residence.

The children reside in one of six units or cottages which, along with an administration building (which includes the school) and a recreation building, comprise the physical make-up of Westfield. While there are some variations in approach among the units and cottages, the overall treatment philosophy at Westfield is one of providing a warm, home-like atmosphere where the child is clearly aware of what the expectations of him are and is dealt with in a consistent and firm manner. School attendance is one expectation of each student. Most newly-admitted children attend the school which is on the Westfield complex. Class sizes are small and allow for individualized programs where students can experience success, often for the first time. Similarly, the recreation program attends to basic skill development and peer relationships, rather than to competition and individual achievement. From the time of admission, the objective is to enable the child to eventually return to the community when he is able to handle it.

Family counselling has played an increasingly important role in the treatment program at Westfield. For those families where

fragmentation seemed imminent, the most realistic approach was to focus on the child's acceptance of that separation. For other families, there was no tolerance at all of the acting out member's behavior, and gradual reintegration of that child into the family was the most logical approach. For still other parents, new parenting skills were necessary before they could cope with the disturbed member. In all of these circumstances, there was no alternative to removing the child from his home. However, the Cottage 3 program, involving 10 of the total 82 placements, recognized the motivation to become involved in the treatment program and the ability to cope with their children that some of the more intact families possessed. The residents of this program spent their days at Westfield, where they attended school and participated in other activities. Evenings and weekends were spent with their families.

During the ten-month period from September 1974 to June 1975, 18 children were involved in the Cottage 3 program. Five of these families have been selected for description in Chapter IV. The cases selected for study are representative in terms of proportion of girls to boys, average age, frequency of family contact, and nature of family involvement. Furthermore, all five resided with one or both natural parents, in contrast to those who lived with foster parents or relatives. Of the 18 families who participated in the program, 12 of the "identified patients" (Satir, 1967, p. 2) were boys, ranging in age from 9 to 16 years of age, with an average age of 13.4 years. The six participating girls ranged in age from 11 to 14 years and averaged 13.2 years.

Initially there were five families participating in the program. The other 13 were admitted to the program as they were judged appropriate for it by the intake social worker, who handled all Westfield referrals. Periodically, transfers or discharges occurred. While each family participated in the program for an average of 4.5 months, the maximum length of involvement was the full ten months, and the minimum time involved was less than one month. Each family participated in an average 12.5 family sessions over their average 4.5 month involvement.

The observations about the behavior reported in Chapter IV had several sources:

1. An extensive case history which accompanied each child to Westfield.
2. The intake report compiled by the intake social worker prior to the child's admission.
3. Summaries of case conferences which were held every three months and included information and recommendations from the child's casework supervisor, his key cottage counsellor, the consulting psychologist, his teacher, the Social Services and Community Health social worker, the Westfield nurse and the recreation therapist.
4. Records of regular family meetings.
5. A daily account of the child's behavior, reactions and activities, which was kept in a log at the cottage.
6. The teacher's daily account of the child's classroom behavior.
7. Mooney Problem Check List, the Tennessee Self-Concept Scale, the Rotter Incomplete Sentences Blank, and other personality tests which were administered to some children.

8. Audio-visual recordings of some family meetings, which enabled a comparison of interaction and behavior among family members at specific points in time.
9. Month-end reports, which were compiled to document behavior for the specified period of one month.

B. TREATMENT PRINCIPLES

1. Encouragement

Encouragement is "a basic requirement for any corrective approach" (Dreikurs, 1968, p. 87). Assuming that every misbehaving child is discouraged, and that a child who has confidence in his ability will act constructively to find a place in the group, the impetus of the program was to approach the students, their families and other colleagues in an encouraging manner. To define encouragement is difficult, for the process is not a mechanical one. At the basis of the philosophy adopted by staff members was a faith in the child and his family, a belief in the strengths and abilities of others, and a view that people can function as effective human beings only when they believe in themselves (Dinkmeyer & McKay, 1973, p. 91). One element of the encouragement process was valuing and accepting the child as he is, despite his failures and shortcomings. Another was to ensure opportunities for the child to experience success.

2. Natural and Logical Consequences

The use of *natural and logical consequences* allowed the child to experience the results of his acts while the adult withdrew so that

a natural or logical sequence of events occurred. Non-interference on the part of the adult was interpreted by the child as a display of confidence that he could take responsibility for himself. Whereas the use of punishment and reward in response to child behavior implied dominance of adults, the use of natural and logical consequences implied mutual respect in a democratic egalitarian atmosphere.

3. Goals of Misbehavior

The four *goals of misbehavior* were keys to ongoing evaluation of behavior. They were one means by which observed behavior could be examined, understood and responded to. To recognize, for example, that the attention-seeking child was a discouraged child with the mistaken conviction that he had significance only when he was the center of attention was of assistance in determining an appropriate response. Awareness of the child's mistaken goal opened several alternatives for action:

i. We could avoid yielding to the demands of a child who demanded undue attention;

ii. We could withdraw from a struggle for power;

iii. We could recognize the hurt of a child seeking revenge and avoid retaliation;

iv. We could stop despairing over the child attempting to demonstrate total inadequacy and arrange experiences whereby he could experience his strengths.

When the outcome that the child desired was removed, in other words, when adults "took their sails out of [the child's] wind" (Dreikurs,

1968, p. 219), that particular behavior became useless. Failure to achieve his desired goal hopefully resulted in the child selecting an alternate course of action. Responding to the child's bids for attention or his struggle for power reinforced his conviction that such behavior would gain the sense of belonging he desired.

C. INTERACTION IN THE COTTAGE

The atmosphere established was a democratic one where children cooperated to achieve a sense of contributing to the common good, not because there was a rule to enforce acceptable behavior. Activities were structured to facilitate this sense of belonging and contribution. Daily chores were required of each individual because they furnished an opportunity for each child to contribute to the cottage's smooth operation.

An attitude of acceptance was conveyed by the staff to the children. When a child failed to meet expectations, his value as a person was not affected. Many of the children had known continual failure at school, with their family and with their peers, and had developed a conviction that they had no desirability as people. So the staff capitalized on every opportunity to build the child's feelings of self-respect and competency. Especially when a child appeared not to succeed but had at least made an effort was his effort genuinely acknowledged. So the timid obese girl who attended but did not participate in the daily sports hour was recognized for her painful efforts, even though she refused to actively participate.

Because an encouraged child is one who is in touch with his

strengths and abilities, the program was structured to ensure that each child would have opportunities to experience his competency. There was flexibility in expected standards of behavior, required school achievement, expected participation in sports activities, and required daily tasks. The staff recognized that a child with a history of inadequate school performance and unsatisfactory peer relationships had no alternative but to become known through inappropriate behavior.

The wholesale application of rules, punishments and rewards, without recognition of individual differences, frequently occurs in an institutional setting. In the cottage, we endeavored to consider each case individually and to establish limits on the child's behaviors in accordance with his need for control. Reward and punishment were replaced with the use of logical and natural consequences: the child's need for control was respected on an individual, rather than group, basis. Sometimes punishments were administered in settings away from the cottage, such as the home or the classroom. Because such injustices are a reality of life, cottage staff did not interfere. At times, too, it was necessary for the child to experience relatively severe consequences of his behavior. For example, for the child who experienced complete loss of self-control in the group setting, to the extent of physically abusing others, being locked in a "thinking room" may have been the only logical outcome possible. It was necessary to establish parameters around each individual's behavior and to consistently allow choice within those limits. However, the child unable to handle decisions about his behavior then experienced the logical

consequences of a faulty choice.

The personal qualities, the experience and the training of the staff members was the key to a favorable treatment program. Essentially, encouraged staff members became a source of encouragement for the children. Only someone secure in the knowledge of his own ability and strength can relate to children in a sharing, optimistic, accepting way. Staff members modelled certain behaviors such as open relationships, self-respect and acceptance of one another to the children. Initially, the counsellors were introduced to the Adler-Dreikurs model; then ongoing inservice training, both of a formal and informal nature, took place over coffee and at weekly staff meetings. Periodically, on school holidays when the children were at home, the staff met for intensive day-long workshops to clarify expectations of one another and working relationships.

D. INTERACTION WITH FAMILIES

Families were seen weekly at the cottage or in the home, depending on the nature of the session. Home visits were very useful to clarify the family's style of life and interactions, but were characterized by constant interruptions. So the sessions aimed at more intensive work were arranged for the cottage. As with the children, the staff took a role of encouraging parents and recognizing their need to belong and to make a worthwhile contribution. They were included in all decision-making about their child, even though they were sometimes eager to relinquish control so the staff could "do something". Families were seen by a male and a female counsellor who modelled a

sound decision-making process and an open relationship. Any sound decisions the parents arrived at were supported by the cottage staff however possible.

Not only were the assumptions of Adler useful to the staff in understanding the nature of the behavior they observed, but selected parents were also taught the concepts of the purposiveness of behavior and the need to belong. Often this re-education approach was effective either as an adjunct to or in place of more intensive therapy approaches.

With parents, as well as children, a task of the program was to engineer successful experiences in parenting. Most of the parents had repeatedly failed and felt totally inadequate in their parenting role. To successfully complete a small task, such as reading a bedtime story to an attention-starved child, and to be recognized for their competency, often stimulated further effort, whereas to be assigned the task of "working on your relationship" was a very discouraging approach.

While the program was not committed to a particular counselling model, the philosophy adopted reflected the ideas of Alfred Adler and Rufold Dreikurs. The notion of encouragement was essential: an encouraged child is a well-adjusted child (Dreikurs, 1964, p. 36) who has found a sense of worthiness through contribution to the group. Especially in the family is an individual's need for a sense of belongingness basic to his sense of well-being. With the parents, the counselling approach was viewed as potentially encouraging or discouraging. A genuine confidence in the abilities of the parents,

opportunity for them to make their own decisions, and respect for their decisions encouraged parents to handle their parenting tasks more effectively. In contrast, a critical imposing stance with parents only served to further deplete the confidence and courage of already discouraged parents.

In the cottage itself, a supportive, non-threatening atmosphere was maintained. The children were expected to make their own decisions to the extent to which they could cope with them. Individual capabilities and strengths were identified and became the focus of attention and encouragement. Among staff members and among family members an attitude of optimism and harmony prevailed, and the key to a favorable treatment outcome was the level of mutual confidence sensed and shared by all family members.

CHAPTER V. CASE STUDIES

A. JOANNE

Joanne was referred to Westfield at the request of her mother, who was concerned about her withdrawal behavior and suicide threats. She participated in the program for 6 months.

1. Case Summary

Joanne was an expressive, sensitive, physically mature 14 year old. She had exhibited withdrawn and depressive behavior and had been truant from school for 4 months. The fifth of eight children, Joanne was also the fifth child to seriously disrupt the family through misbehavior of some nature. The mother described her first marriage as very unhealthy and acknowledged its negative effects on her family. The third eldest in a family of ten, the mother felt her parents were themselves incompatible. The mother's father had problems with alcohol, while her mother was an artistic person who had difficulty coping with the needs and demands of her large family. As a result, Joanne's mother was sent away to live with relatives from whom she "escaped" via marriage when she was just 18 years old. Joanne's father was a seaman who also had alcohol problems. Because of a strong Catholic faith, Joanne's mother tolerated a very destructive union for several years, during which she initiated divorce proceedings numerous times. Finally, when an attempted incest occurred with Joanne's older sister, the mother undertook the final separation. At that time Joanne was just 6 years old.

The successive acting out of Joanne's siblings had come to be expected by the mother, who felt duty-bound to understand, tolerate and support any behavior whatsoever on the part of her children. She reasoned that since she was responsible for exposing the children to such a destructive indecent father, she must understand and accept whatever the children meted out in reaction to their unhappy childhood. With the exception of Joanne's 7 and 11 year old brothers, all had rebelled in various ways. The eldest, who spent two years in jail for an undetermined offense, was also a "heavy drinker". The second child, Joanne's only sister, had been extensively involved in the drug scene, including heroin use. She was reportedly living with her infant and boyfriend in a commune in Europe. Joanne described the third eldest child as a "hippie" with no definite plans, who occasionally dropped in to his mother's home when he had no alternative plan or a place to stay. The fourth child, age 16 years, dropped out of school and left home during our contact with the family. Joanne frequently expressed fear that this brother would take his own life, and she was exasperated with him at her discovery that he was having an affair with her mother's best friend. Joanne's 15 year old brother lived with friends in another province.

Joanne's mother remarried in 1970 to a man 18 years her elder. While this man worked as a political activist in the north, the mother moved to Edmonton both to secure help for Joanne and to obtain high school upgrading and professional training. Joanne had lived in the north for two years but felt an outcast in the community because she resisted becoming involved in alcoholic and sexual activities. In the

months prior to her admission to Westfield, her discouragement had been manifested in her powerful withdrawing behavior. At home she withdrew from other family members by sleeping most of the day and watching television most of the night. She refused to attend school, despite her mother's persistent entreaties, and had no friends at all.

2. Personality Dimensions

Joanne's interpretation of her experiences led her to conclude that to achieve a position of belonging in her family, it was necessary for her to withdraw, thereby winning her mother's concern and full attention. Joanne sensed that her mother was available to her only when she felt her children needed her to rescue them from feelings of sadness and loneliness. When the children made useful contributions in the home, the mother failed to react. However, any time her children displayed maladjustment, she imposed herself upon her children with entreaties as to what was bothering them and pleas to let her help them.

The mother, on the other hand, felt she was making a contribution when she was attending to the disruptive behavior of her children. Her interests and activities revolved about seeking help and understanding for her children who had suffered exposure to such an unhealthy father.

3. Treatment Approach

While Joanne's withdrawing behavior seemed to effectively separate her from the group, it was also indicative of her own discouraging conclusion that she could attain recognition only through such

inappropriate behavior. Because human beings have an innate need to belong, the goal of treatment was for Joanne to make a redecision about how she could gain recognition. Initially, Joanne's withdrawal was her only effective means of winning her mother's attention. The mother was therefore encouraged to be less reactive to her withdrawing behavior and to be more available to her daughter when she responded appropriately to those around her and made any kind of contact with others. Neither at the home nor at the cottage was Joanne's assumed disability accepted as reason enough to avoid participation. Previously, the mother's reaction to her daughter's self-doubts about being able to succeed at school had been one of despair; she felt helpless about how to "make" her daughter understand that she could handle the schoolwork. Instead, the mother was directed to convey to Joanne confidence in her strengths in whatever way she could. No longer would the mother accept Joanne's excuses to avoid attending school. The mother began to demonstrate confidence in Joanne by allowing her responsibility in the care of the home and the two younger boys and in cooking. The mother also made a genuine effort to avoid smothering Joanne with her over-solicitousness; rather she waited for her daughter to initiate their discussions.

At the cottage Joanne was given the responsibility of attending classes and ensuring completion of her schoolwork. She possessed several attributes which were recognized and encouraged as alternatives to her depressed, morbid discussions for finding her place. She was consistently sensitive to the feelings of others; she was adept at perceiving the dynamics of situations; and she played the piano with

feeling and talent.

4. Dimensions of Change

During the 6 month contact with the family, there were 14 family meetings. Joanne's response to the needs of the group became steadily more appropriate. Her school attendance gradually improved with the occasional reminder that the responsibility to attend classes would be hers only as long as she appeared capable of handling it. At home, she responded to the mother's efforts to recognize and allow expression of her strengths. At the cottage, the time she spent in discussion with a devoted counsellor shifted from morose preoccupation with death and sorrow to a stimulating sharing of her philosophy of living and her plans for the future. The contrast between the helpless withdrawing girl who initially entered the program, and the girl who developed confidence in her strengths, and was thereby enabled to contribute appropriately to the needs of the group, are exemplified by the following poems which she wrote. The first was composed when she was "feeling down" and "hated the whole world". It was entitled "Depression".

Depression is a depressing word.
When I'm depressed my mind is blurred:
I cannot hear, I cannot see.
The world is closing in on me.
Someone help me get back on the ground.
Around my soul the ropes are bound.
I'm really hurt, way in deep -
Please let me die while I'm asleep?
I was born and now I suffer.
I'd go insane if life was tougher.
Maybe it's better to be insane -
No painful thoughts to rip your brain.

Here we live from dawn to dawn.
Here we're pushed until we're gone.

Another poem, she introduced thus: "Sometimes I think of life as being rotten in most ways":

Love, hate,
Hope, fate.
Yells, screams,
Reality, dreams.
Truth, lies,
Smiles, cries,
But most of all just disappointments.
Building up hopes that always seem to end in disappointment.

Later she wrote "Spring" with the comment that she liked it because it reminded her of feeling "a really beautiful feeling - just about living".

Spring!!!
Something warm, (ha!!) something wet (I'll say)
Do you know what it is yet?
Spring it is! Spring to stay!
Spring is the greatest! All the way!
No more snow, no more cold, (oh yeah?)
Now we'll see flowers brite and bold!!
Beautiful sunshine flowing down,
I walk so free around the town.
Spring to keep me feeling young,
To laugh out happy!! Spring has sprung!
Yellow grass is turning green!!
This is the happiest all year that I've been!
People come out to smell the fresh air!
Running their fingers through Herbal Essence hair!!

What the poems revealed was a growing, yearning girl whose moods vascillated widely, not the formerly depressed, miserable girl who was absorbed in displaying her helplessness.

B. PETER

Peter's referral to Westfield was initiated in the school system where there was concern about his agressive and explosive interaction with his peers. He and his family were involved in our program for 10 months.

1. Case Summary

Peter was an inquisitive, active, charming 9 year old. He was the second of four children ranging in age from 3 to 11 years. At the time of his admission, a psychiatric report described an established pattern of anti-social activity including "the whole gamut of lying, cheating, stealing, destructiveness, obscenity and sexual precocity". Further, he was reported to be an anxious, depressed boy who had experienced little stability or acceptance in his life. Peter had two brothers, 11 and 7 years of age, and a 3 year old sister. He was the second illegitimate child born to his mother and reportedly, the pregnancy was the result of a rape. Peter's mother described her pregnancy with him and his infancy in highly negative terms: she resented the pregnancy and considered abortion but was dissuaded from that by her fanatically religious mother. Since his infancy, Peter had been viewed as a very demanding and difficult to control child.

The mother herself was the product of a disturbed and insecure family background. Her recollections of her youth focused upon the violent fights her parents constantly had. She was the fifth of nine children. Her parents were separated from the time she was 8 years old until she was 16. Her parents were of the Mormon faith and

when she became pregnant at the age of 16, they strongly rebuked her; the father occasionally beat her in the mother's absence. The mother decided to keep both of her illegitimate children, but her decision prevented her establishing independence from her own mother whom she relied on for babysitting and financial support. Peter's mother remembers her own mother as a critical, domineering woman who responded to any of her daughter's efforts to gain independence by threatening to report her for child neglect. When Peter's mother finally moved away from her parents, he was 1 year old and already had a well established pattern of demanding, irritating behavior. His mother recalled that he was "cranky", a very light sleeper and demanding of constant attention. Shortly after the mother left home she met and married her first husband, after a 3 week courtship. This marriage was rocky from the outset and included several separations. The mother described numerous incidents when she was subjected to perverted sexual demands; on occasion the children witnessed these incidents. Frequently Peter intervened in battles between his mother and step-father to protect her. Finally, when Peter was 6 years old, the marriage ended in a long-term separation because her husband was sentenced to a lengthy prison term for a sexual assault.

The mother was 29 years old and in her third common-law relationship at the time Peter was admitted to Westfield. Her current common-law husband was also separated from his first wife, was younger and more reluctant to become involved in counselling than she was, presented as very insensitive to the emotional needs of his wife, and supported the family primarily on social assistance. The mother had

been under continual medical and/or psychiatric care for several years, had had major surgery on numerous occasions, and recalled at least one lengthy hospitalization for psychiatric treatment. As a consequence, Peter and his siblings had been placed for foster care on several occasions. It became evident that the entire family had known a succession of traumatic and disheartening events. The instability and chaos were reflected in the mother's outlook, life style and manner of coping.

Peter's life had been marked by constant change. By the time he reached the third grade in school, he had attended six schools. In grade one alone, he was moved to three different schools. Teachers' reports revealed accomplishment and creativity both in reading and art, and satisfaction with his general classroom behavior. But on the playground, he was "explosive and aggressive". In the community complaints about his aggressiveness and deceitful ways persisted.

2. Personality Dimensions

As Peter grew up within the chaotic social environment of his family, where his "dads" came and went, and where he experienced abandonment by his mother, he interpreted all his experiences and arrived at conclusions about how he could achieve significance. His mother's denigrating experiences in her own upbringing left her with a certain attitude toward life and life style. Her preoccupation with her own traumatic experiences may have been interpreted by Peter as neglect and left him feeling pushed aside. Even as an infant he cried continually in a demand for constant attention which was, in the

interpretation of his own experience, his only way of securing a place for himself. Later, he played a part in the family group through highly rebellious and oftentimes destructive behavior. These behaviors were significant in terms of position in the family constellation. Adler pointed out that the first-born is typically a conservative and a pleaser, while the second may rebel; the youngest may gain special attention through his charm. Certainly Peter's older brother was far more compliant, submissive and conforming, while the 3 year old was an affectionate, charming, coy little girl. In the competition for significance and position in the family, Peter's struggle had been an uphill one. His mother was still very resentful of the nature of his birth. While she loved and would have married the oldest boy's father, had her parents not interfered, she loathed Peter's father as a rapist. She still carried the guilt of the rape and Peter served as a constant reminder of that episode. So Peter had several obstacles to overcome in establishing his position in the family. The mother, herself, showed a well-established pattern of becoming involved in situations in which she felt needed. Her need to be needed was manifested in her over-involvement in the affairs of neighbors and relatives, and of her chronic interference in her children's activities.

3. Treatment Approach

In Adlerian terms, Peter was neither maladjusted nor sick; rather he was discouraged, and the primary task of treatment was to provide encouragement. His mother's difficulties, too, were viewed in terms of discouragement. Both had chosen to deal with their environment

in inappropriate ways to become part of a group. Peter found his place in the primary social environment of his family by lighting fires, stealing and generally over-powering his family by drawing attention to himself. The mother's behavior, too, could be viewed as attention-getting in nature. She found her place in her own religious family through two illegitimate pregnancies which were a highly effective means of getting attention and retaliation. The attention-getting depressions, illnesses and crises which marked her life in adulthood were her only means of achieving recognition in her family and in the community. Both mother and son had met with futility in any efforts at making a useful contribution through responding appropriately to the needs of the group. The goal of therapy, then, was to develop and liberate the social interest of each so each would begin to sense a feeling of usefulness and belonging through contribution.

Since Peter's difficulties stemmed from his faulty perception that misbehavior was the only means by which he could achieve recognition, the treatment process was, in part, one of re-education. For example, his exceptional creativity in art and his ingenuity in science and play activities were selected as strengths which were encouraged and reinforced at every opportunity. His cheerful disposition and spontaneous perceptive sense of humor were also established as behaviors warranting constant affirmation. As the mother, too, suffered from a discouraging self-defeating life style, she, too, was in need of encouragement. With expressions of confidence in her and non-condemnation, the goal of treatment was for her to move in a more gratifying direction in her life style and ultimately to transmit her

own feelings of encouragement and confidence to her children. As the task of the counsellor was to encourage Peter in his daily activities, the task of the mother was to encourage Peter, which in essence implied recognition that he was able to do things for himself. Initially the mother viewed it her duty to protect Peter from injustices in the neighborhood. For example, when Peter provoked the neighborhood drunk to the point of outrage, the mother intervened, not realizing the discouragement she thereby communicated to her son. In daily activities at the cottage and in family meetings, the goal of treatment was to provide encouragement to interrupt the pattern of discouraging interactions of all family members with their environment, and to facilitate response to the environment through contribution rather than inappropriate behavior.

4. Dimensions of Change

During the 10 month duration of treatment, during which there were 35 family meetings, Peter began to display more appropriate response to the needs of the group. Formerly he sought attention, and in some cases power, through lighting fires, stealing, fighting and refusing to cooperate. During the final months of his involvement, complaints about his behavior diminished. Instead, Peter showed signs of contributing to the needs of the group: in the classroom, the teacher found him progressively more cooperative, capable and creative. In the cottage itself, he became more cooperative at completing chores and being on time for activities; he also became less demanding of his own way. One worker reported that his enthusiasm

for activities was "contagious" both for her and the other children. In essence, Peter had responded to the encouragement process by making useful contributions instead of drawing attention to himself. His behavior implied a feeling of belonging was emerging.

His mother, too, showed some response to treatment in that she began to recognize Peter's ability to do things for himself, thus implying encouragement, rather than lack of confidence in him. While the counselling staff was aware of her many shortcomings as a mother, they strongly attended to those matters she was handling capably. Her self-confidence seemed to grow and she cautiously began to attend to and encourage the behavior of her children which pleased her rather than those which typically provoked her. Formerly her energies had been directed at dealing with the ongoing crises of her neighbors, relatives and her own family by which means she felt needed by them. She began to realize that in actuality her efforts were viewed as interfering and unappreciated, with the consequence that she was able to attend more to the needs of her own family. She also had protected her children from the natural consequences of their behavior by interfering in their involvements with irate neighbors and policemen. While formerly she felt needed and worthwhile while she was in the foreground protecting her children from their mistakes, she became more willing to allow her children to experience their own strength by facing the consequences of their misbehavior unaided. The mother was less reactive to Peter's attention-seeking behavior and began to make a commendable effort to focus on what he and her other children handled appropriately.

While the mother's response to our support and encouragement varied, there were positive changes in the family indicative of favorable response to treatment. The mother channelled her over-protective stance with her children to a job as a part-time salesclerk which legitimized her helping role. Her courage wavered, however, when the family made plans to move to Calgary where the common-law husband had an employment opportunity. The mother expressed doubt in her ability to maintain Peter's improved behavior and temporarily reverted to her former need for a "problem child" in the family to whom she could devote herself and on whom she could rely to need her. In response to her apparent indecision and lack of confidence about the newly established family homeostasis, we expressed confidence in her ability to maintain Peter's behavior, as well as a firm recommendation against separating him from his mother for further treatment. Shortly after, the family moved and contact with them was terminated.

5. Epilogue

A year later, Peter dropped into the cottage, breathless and excited. He said he had come by before but had been disappointed to find the cottage deserted. In response to a question about how things were going he responded, "Okay. I still have to watch my temper, but I'm doing better". His statement conveyed optimism and encouragement. He reported satisfaction with his community school placement.

C. JOHN

John was referred to Westfield via the courts. He had been adjudged juvenile delinquent on the basis of repeated thefts. He was involved in the program along with his parents and brother, for 8 months.

1. Case Summary

John was 13 years old at the time of his placement in the program. He had previously been in residential care at Westfield for a year when he was 9 years old. He was the fourth of five children who ranged in age from 11 to 20 years. The immediate reason for referral was the repeated delinquencies with which John had been charged. Three of John's brothers had also had encounters with the law, usually for thefts. His 20 year old sister had been deeply involved in drug use, according to the parents.

John's family relationships were unsatisfactory. The father was an alcoholic, both by his own admission and the mother's reports. The mother was a constantly complaining woman who frequently brought up her medical and psychiatric history, both of which were extensive. She appeared to enjoy discussing the 19 times she had undergone surgery. During family sessions she usually made quite a display of taking out her pill container and swallowing several kinds of pills. At the time of John's admission to the program, the mother reported the father had been diagnosed as having contracted cirrhosis of the liver as a result of his alcoholism. The mother's father was also an alcoholic. As the eldest child, John's mother had been her

"daddy's" favorite and had shared with him a deep interest in country and western music. Her father had expected her to help with the three younger children on their homestead in northern Alberta. When she was 6 years old, she had witnessed her father seducing a teenage neighbor girl. Later, she rebuffed her father's efforts to seduce her. Despite these incidents and frequent episodes when her father was physically abusive toward her, she remained very fond of him. She accepted his temper and beatings because she was so anxious to please him. Her father died one year before we met the family, and the mother was still experiencing ambivalent feelings about him. John's parents married when the mother was 18 years old and the father was 29 because, according to the mother, "he was just like daddy".

John's father had also had a difficult childhood. When he was 9 years old, he and six siblings had been abandoned by their father. His mother remarried 8 years later. But he joined the army when he was 15 by tampering with his birth records. John's paternal grandfather was also an alcoholic.

Neither parent was satisfied with the marriage. The mother complained of her husband's drinking and extramarital affairs, while the father was confused by his wife's constantly changing moods and chronic complaining. The mother took refuge in her music and had written a number of country and western compositions.

Most of the family members had intermittently been involved in various community services. John and one of his brothers had been placed in Westfield previously; their 17 year old brother received psychiatric treatment at a provincial mental hospital; the 11 year old

brother was on probation for a number of thefts. The mother had sought treatment from an indeterminate number of psychiatrists.

John had been suspended from school 4 months previous to his placement at Westfield for "lack of motivation, lying and general anti-social behavior". He was also often truant from school. He had been adjudged delinquent on the basis of repeated charges of theft.

2. Personality Dimensions

In John's interpretation of his experiences, he chose to establish a place for himself through some attention-seeking and power misbehaviors and some attempts to display his total inadequacy. Only when he was engaging in minor delinquencies, such as stealing from stores, was neglecting his personal hygiene, or was refusing to make any effort in his schoolwork, did his mother appear to react to him. At other times she was so wrapped up in her own problems and interests that she appeared not to notice him. John and his mother had frequent power contests which would so exasperate the mother that she would go into a blind rage. Usually these struggles evolved from the mother's demand that John help with dishes or go to bed. John was very skillful at passively refusing to comply with her. With regard to schoolwork, John felt he had no chance of success whatsoever, so he used his imagined inability to avoid any academic efforts.

With peers, John sought acceptance in similarly inappropriate ways. Because he was unable to find a comfortable place with them through useful contribution, he sought their attention by stealing for

them, lying for them and generally being vulnerable to their efforts to take advantage of him. His interactions with peers were awkward: at times he passively took the blame for them. Clearly, John was a discouraged boy whose only sense of belonging arose from inappropriate behavior.

The mother's life style was attention-seeking in nature. Her indirect manner of communication, her extreme swings in mood and outlook, her chronic physical complaints, her habit of exaggerating her experiences, even her country and western apparel, disclosed her mistaken assumption that she had significance only when she was at the center of attention. The father's response to her demands for attention was to be passive and uncommunicative. He also retreated into long hours of work as a locksmith, alcohol, and extramarital affairs. Whenever the father made an attempt to meet her demands, for example by not drinking, the mother's accusations and demands for his affection and attention escalated. The mother was remarkably insensitive to the feelings and needs of others. For example, it was not until several months after we met the family that she casually disclosed that she, too, had a male friend and was puzzled by her husband's violent opposition to this friendship. She justified her relationship with this man on the basis of the support he had provided at the time of her husband's most severe drinking problems.

3. Treatment Approach

John alternated between attention-seeking behavior and the passivity of complete discouragement. Those behaviors which appeared

attention-seeking in intent, such as his caustic remarks, his untidy dress and his neglect of personal hygiene, were ignored. Our efforts were concentrated on encouraging a very discouraged boy. We worked with the teacher to arrange homework assignments within his ability. Positive comments were made to him about his appearance whenever it was acceptable. Our appreciation of his sharp sense of humor was communicated to him. His outstanding achievement in a Hunter Training course was picked up upon by one of the male staff members, who took John on a fishing and camping trip. His record of near-perfect attendance in the program was singled out as an example for the other children. We withdrew from some of John's behaviors to allow for a logical sequence of events to occur. For example, when he stole a tape recorder from another child, he was charged with theft and eventually appeared in Juvenile Court. The threat of extended wardship and the possibility of transfer into the 24-hour care program were logical outcomes to his serious misbehavior.

With the parents, the mother's efforts to play staff members against one another and against her husband were resisted. She eventually accepted that anything she wished to share with us would also be shared with her husband. We ignored her painful moans and histrionic pill-swallowing during family sessions. With both parents any positive input was enthusiastically encouraged. The father, in particular, began to respond to John's deep need for positive interaction. He was encouraged to take a more active part in the home and in our family meetings, rather than to withdraw.

4. Dimensions of Change

John's family was seen 26 times in 8 months. John responded to the encouragement he received in the cottage: a comment in the daily log about one month before the conclusion of the study was, "John is really doing great; his attitude is so positive these days". He began making a greater effort in his manner of dress and hygiene. His comments to adults and peers became less caustic; he even complimented the female staff on their appearance occasionally. He was very pleased about the prospect of being transferred to a community school. He began to take the initiative in arranging activities he enjoyed like fishing, woodworking and playing chess.

John's father remained involved, supportive and sober for the duration of the program, thereby negating his wife's predictions to the contrary. The father's continued involvement and sensitivity to John was a key source of encouragement for him. He began working with his father on Saturdays, and the father genuinely appreciated his contributions. The father encouraged him in another important way - he attempted to disengage the power struggle between his wife and son by giving John more responsibility for bedtime, curfews, clothing choice and leisure activities. Unfortunately, any apparent growth in the mother's self-awareness was short-lived. At times she was supportive and loving with her family. But then, without apparent provocation, she would revert to her critical, irritable, insensitive stance. We felt that John's support emanated from the father and that the father would require long-term support himself to maintain his sobriety. John successfully maintained a community school place-

ment for 3 months, at which time contact with the family was terminated.

D. DIANE

Diane was referred to Westfield by the Department of Social Services and Community Health at the insistence of her parents, who were concerned about her school and peer problems. She and her family took part in the program for 10 months.

1. Case Summary

Diane was a lovely, blonde, blue-eyed, fragile-appearing 10 year old at the time she was admitted to the program. There was only one other child in her family, a coy, manipulative 4 year old girl whom the parents described as "perfect". Diane's parents sought institutional care for their daughter because of her problems with peers, her refusal to work at school and disciplinary problems both at home and at school.

Diane's parents were married when her mother was 17 years old (and 5 months pregnant with Diane) and the father was just 16 years old. The father had difficulty adjusting to his new role as husband and father and continued to associate with his adolescent friends. As a result of his excessive drinking and long absences from home, the couple separated for several weeks when Diane was 2 years old. Upon their reconciliation, the father settled into a routine of holding two jobs, a pattern he subsequently maintained. As a result, he has provided well for his family, materially, despite his limited level of education. The mother resented her responsibilities as a

young mother, particularly in view of the father's irresponsibility early in the marriage. She grew more and more frustrated with her confinement to the home and finally sought employment to avoid a nervous collapse. The parents were oriented to work and the accumulation of possessions to the extreme. Prior to her involvement in the program, Diane had had full responsibility for coming and going to school because her parents were at work. When she abused this responsibility by bringing friends home for lunch, the mother was infuriated by the additional work which resulted from Diane's actions. She was blind to Diane's loneliness.

2. Personality Dimensions

All reports concerning Diane were characterized by such comments as "listless", "apathetic", "affectively flat", "disinterested", "sullen" and "physically restrained". Diane's discouragement and restricted sense of belonging were evident in her attitude of helplessness and display of inadequacy in her relationships with others. In her infancy, the mother and father had been so involved in their own marital difficulties that Diane interpreted that they accepted her only when she was lethargic and undemanding. At times Diane's appearance of helplessness served to infuriate the mother, an indication that the two were engaged in a power struggle. But typically the mother's response to her daughter was total withdrawal. She gave up hope of ever having a positive relationship with Diane and redirected her energies at maintaining an immaculately clean house and working outside the home. The father's despair

about his relationship with his wife and daughter was expressed in his withdrawal from his family into two full-time jobs. Diane's 4 year old sister had an established pattern of attention-seeking behavior. She busied the parents with her through her charming manipulative ways. Diane, too, was expected to attend to her little sister's needs by babysitting her several hours each day.

B. Treatment Approach

Efforts were on providing experiences by which Diane could discover her worth. She was a deeply discouraged girl, who was miserably aware of her parents' expectation that she would always disappoint them. In the school, she was assigned tasks which were within her ability. Any spontaneity and affect she displayed were consistently attended to. However, we ignored her withdrawing passive behavior. She expressed an interest in swimming and gymnastics, so these activities were used as a means by which she could receive special attention and earn recognition in her accomplishments.

The family sessions were marked by tension, control and unexpressed anger and pain. So we reacted warmly to any natural spontaneity or openness among family members. A primary task was to encourage the family to arrange enjoyable activities for themselves. The mother was reluctant to allow Diane to experience her homemaking abilities because of "the mess" which would result. But we encouraged the parents to set up experiences for Diane which would put her in touch with her abilities.

4. Dimensions of Change

In 10 months at Westfield School, Diane progressed from an average of Grade 3.8 in her reading skills to an average of nearly Grade 6. She was very expressive of the pride she felt in this accomplishment and was eager to resume school attendance in the community. At a school concert, Diane made an outstanding gymnastic display which her parents watched proudly, the mother with tears in her eyes. Diane became more expressive and spontaneous in her manner: she was able to express her hurt about her relationship with her mother especially, and her fears of disappointing both parents.

The parents remained tense, unexpressive and controlled, and they were skeptical that the changes Diane exhibited would be long-lasting. The mother's interactions with Diane continued to revolve around housework matters. Diane's successes in eliciting responses from her mother usually resulted from being tidy and helpful in her bedroom or in the kitchen. Despite the father's repeated vows to cut back his hours of work, he continued to spend a great deal of time away from home. On one occasion, the parents glowingly described a family outing when they had gone out for dinner and a movie - their first such outing in 6 years.

5. Epilogue

Diane was discharged from the program after four problem-free months in a community school. The parents saw little more that could be done. More than a year later, I encountered the father at a counselling office. He described great deterioration in the family:

Diane had been readmitted to Westfield, this time into 24-hour care. He described himself as "an alcoholic" and the marital situation as "pretty bad". He had resumed counselling, this time accepting responsibility for his part in the family's pain. His wife, however, refused to follow suit and had fallen into another deep depression.

E. DAVE

This boy came to Westfield via the courts as a result of stealing and school truancy. His participation in the cottage was terminated after 4 months.

I. Case Summary

Dave was a 15 year old only child of divorced parents. His parents immigrated to Canada from Yugoslavia when he was pre-school age. The parents' marriage was unsatisfactory from the outset, and the financial, employment and language problems the couple encountered in Canada intensified their marital difficulties. When Dave was 10 years old, they were divorced. Dave lived with his mother until she could no longer tolerate his behavior; then he moved in with his father, who was later also anxious to have him removed from his home. Our involvement with the family included both parents, who were seen individually because they refused joint interviews. The father was a visibly nervous, meek-mannered man whose ulcers caused him constant discomfort. He was easily aggravated by Dave's behavior and withdrew from contact with his son by reading. The mother was an

emotionally labile woman whose feelings about Dave fluctuated from warm affection to outrage. She tended to put Dave into a double bind situation whereby, for example, she would tell him that he was everything to her, then would become angry at him and give away his birth certificate and baby teeth, which she had lovingly preserved. Both parents demonstrated ambivalence about Dave, which hinged on the unresolved bitterness originating in the marriage. Both responded to their disappointments in him by telling him they would relinquish custody to the other parent if he did not settle down. Neither parent had control over Dave's behavior; often he spoke of staying out at night until 2:00 a.m.

2. Personality Dimensions

Dave became a master manipulator as a result of his involvement in the unresolved issues between his parents. He had a wide repertoire of attention-seeking behavior. His conversation was characterized by non-stop silliness and irrelevancy. With his parents this irrelevancy served the purpose of allowing him to avoid their respective demands that he ally with them. With peers, he displayed a lot of control, rarely sharing the limelight with anyone else. He tended to dress ostentatiously and to be a braggert about his activities, his music and his friends. His "friends" were usually several years older than him, and Dave would risk any amount of discipline to please his friends. Material acquisitions were of paramount importance to him. He always seemed to have enough money to buy the latest fashions and to attend all the rock concerts. We suspected drug involvement for

several reasons: his associations with older, obscure friends, his abundance of spending money (which also puzzled his parents), his familiarity with and presence at some of the hotels reputed to be frequented by drug users, and the location of and activities at his apartment building in the heart of the city.

3. Treatment Approach

Dave's failure to find a useful place with his parents or his peers had been a deeply discouraging experience. His obnoxious, boastful, controlling behavior betrayed a fearful, insecure, discouraged boy. There were many behaviors which we did not attend to, such as his sarcasm, his silliness, his insults and his pretenses. However, we closely attended to any genuine interest he showed in others or sharing of himself. When he was not desperate to be the center of attention, he disclosed a sensitive, deep-thinking nature. While we attempted to arrange activities where he would feel authentic pride of accomplishment, he carefully avoided anything which was unfamiliar or threatening. He refused participation in sports activities where the "boys" tended to laugh at his effeminate dress and timid participation.

The initial task with the parents was to provide both with opportunities to ventilate about the issues regarding their marriage. They both remained deeply angry and hurt, and continued to draw Dave into the conflict. The mother, however, did grasp her son's need for encouragement, even though her volatility with him was unchecked. In sessions with the mother and Dave, we introduced both to some listening

and understanding skills, which appeared not to have much impact.

4. Dimensions of Change

We were beginning to observe some improvements in Dave's behavior at the cottage when it became necessary to transfer him to a closed setting. He was more sensible in his interactions with others and less manipulative in chore completion. He was more able to handle the responsibility of arriving for school on time. But our suspicions about his involvement in drug dealing were confirmed and he was immediately transferred into 24-hour-a-day residential treatment. Significantly, the transfer occurred at a time when the father intended to "give Dave back" to his mother because of his plans for an extended visit out of the country. Dave remained a discouraged, hopeless boy out of his interpretation that no one wanted or valued him as a person; both parents viewed him mainly as a potential ally.

CHAPTER VI. CONCLUSIONS AND IMPLICATIONS

While statements about the efficacy of the program are of an inferential nature because of the subjectivity of the evaluation, it can be said that all of the families made some positive changes during our involvement with them. Consistent with the family systems rationale, the case studies disclosed that changes in the behavior of one family member had repercussions throughout the family. The cottage setting provided a means of entry into a dysfunctional system whereby a cycle of negative family interactions could be broken.

Upon his admission to the program, a child typically showed immediate and favorable response to the encouraging and accepting atmosphere of the cottage. The parents were pleased and relieved, and therefore began to react more positively to their child. For example, Joanne's mother was delighted about the enthusiasm for school which Joanne initially displayed. She became less despairing about her daughter's future. Naturally, Joanne picked up on her mother's renewed faith in her. John's parents, too, were surprised and excited about his willingness to attend school and participate in the program. As a result, they related to John in a far more positive way, thereby reinforcing the improvements John showed and precipitating further positive behavior. There were many more examples which confirmed that the thrust of the program was correct; an oftentimes minor change in one part of the system was frequently observed to have effects throughout.

Another conclusion drawn from the study concerned the applicability of the Adler-Dreikurs model. The congruity of the treat-

ment philosophy, the treatment model and its practice provided a consistent, optimistic framework for approaching the children and their families. There was sound evidence that the philosophy of democratic relationships and cooperation was the basis for strong staff relationships, for therapeutic staff-family relationships, and for healthier, more satisfying family relationships. The terminology was one to which most people could comfortably relate. Furthermore, the simplicity of the terminology, together with the unity of the philosophy, was condusive to uniformity in examining and understanding behavior and evaluating change. With unity in approach and clear dimensions for evaluating behavior, the counsellors were able to identify progress and to be encouraged by it.

Even though all family members of all families did not improve, the program offered a means of tapping whatever potential existed. Because all family members were committed to remain involved, we had an opportunity to assess the strengths and limitations of everyone in each family. For example, the quiet, alcoholic father who maintained sobriety for several months, was seen as the pillar of the family for the first time in a multitude of involvements with helping agencies. Concomitantly, the critical interference of the mother subsided as the father became more involved with the children. With the father's support, the family members were able to cope more effectively with the mother's negative nature. Many such examples of changes within family systems occurred.

The essence of the favorable outcome of the program was the staff attitude and approach. Selectivity of mature, flexible individuals

who possessed a good ability to tolerate and understand the shortcomings of others, and at the same time encourage alternative behavior, was essential. The modelling of an optimistic accepting attitude had impact on children accustomed to an atmosphere of criticism and discouragement. The staff members often smiled about their adeptness at discovering positives in the bleakest of situations.

On the basis of the literature relevant to family counselling and the results of this study, a strong case can be made for the use of similar programs which extensively involve families. But a comparison of this approach and other approaches such as institutionalization cannot be made on the basis of the case studies because of the limiting factors of small sample size and the lack of a control group. However, our experience with Dave established that our program was definitely not suitable for some children, for example those in need of a highly controlled setting. Seriously delinquent behavior was more appropriately handled in a relatively closed setting. In other families, disintegration had occurred to the degree that discouragement impeded any response to treatment. On the other hand, those families having a commitment to work through their problems were reasonably open to self-examination, and outcome of their participation in this program was favorable.

The case study approach to studying family dynamics was a useful research method. In future studies, a similar case study procedure could be complemented and built upon with addition of a control group and objective measures such as family relationship inventories.

The cornerstone of the treatment philosophy and approach was the notion of encouragement. One avenue of providing support which was left unexplored was that of parent-to-parent interaction. Mother groups or parent groups could focus on discussion of concerns or re-education in parenting through discussion of a book such as *Children the Challenge* (Dreikurs, 1964).

There were setbacks and there were disappointments, and eight of the 18 participants were transferred to 24-hour-a-day care to meet their needs for a more controlled setting. Yet a sense of optimism and enthusiasm prevailed. The reality of the limitations of the program was tempered with a knowledge that some families were benefiting from it. Most of us redefined our notions of successful treatment and came to rely on our intuitive assessments. A Christmas card signed, "You don't know how much your help has meant to our family" had the impact of a statistically significant measure of outcome. A fragile 10 year old girl's transformation from stiff non-communicative withdrawal to giving the star performance in the Christmas concert was a reliable, albeit innovative, measure of the effectiveness of our program.

When Joanne left Westfield, she left a book of poetry dedicated "To my friends". Her last poem read:

> On a sandy white beach, through the blue liquid sky,
> Came a lone grey-white seagull, screaming on by.
> On big rubber tubes, happy kids screaming,
> From a big, bright, red ball the sun is streaming.
> This picture of happiness fills me with joy,
> This natural picture like life's new toy.
> A taste of real living - just being free,
> One good example of how good life can be.

This is the testimony of a "suicidal", "depressed", "withdrawn" girl. What more can be said of her involvement at Westfield?

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